

05-02-01

A

UTILITY PATENT

Attorney Docket APPLICATION 2132.044

TRANSMITTAL

FIRST NAMED INVENTOR

OR APPLICATION IDENTIFIER

for nonprovisional applications under 37 CFR 1.53(b) Inventor Jackowski et al

TITLE: BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 1793 DALTONS

EXPRESS MAIL LABEL NO.: EL608094.60JUS

Date submitted: 04/30/01

APPLICATION ELEMENTS

Assistant Commissioner for Patents

(See MPEP chapter 600 concerning utility patent appln.)

Box Patent Application

Washington, D.C. 20231

1. ☒ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
- ☒ Specification 36 Total Pages
(preferred arrangement set forth below)
- Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 USC 13) 2 New Sheets
4. ☒ Decl./Pow. of Att. 2 Total pages (COPY)
- a. ☐ Combined Executed (original or copy) for C-I-P application)
 - b. ☐ Copy from a prior appln. (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)
6. Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (Identical to computer copy)
 - c. ☐ Statement verifying identity of above copies
- ACCOMPANYING APPLICATION PARTS:
8. ☐ Assignment Papers (copy)
9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure ☐ Copies of IDS Statement (IDS)/PTO-1449 Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
14. ☐ Small Entity(2) ☐ Statement filed in prior (Unsigned) Statement(s) Application
15. ☐ Certified Copy of Priority Document(s) (If foreign priority is claimed)
16. ☐ Other: _____
17. ☐ Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the Oath or Declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label or ☒ Correspondence address below

(Insert Customer No. Or Attach bar code label here) Cust #21917

NAME: Michael A. Slavin
McHale & Slavin, P.A.

ADDRESS: 4440 PGA Blvd., Suite 402

CITY: Palm Beach Gardens STATE: FL ZIP CODE: 33410

COUNTRY: U.S.A. TELEPHONE: (561) 625-6575 FAX: (561) 625-6572

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

U.S. PTO
09/845739
04/30/01

FEE TRANSMITTAL for FY2001

Application Number : N/A
 Filing Date : N/A
 First Named Inventor: Jackowski et al
 Group Art Unit : N/A
 Examiner Name : N/A

Date: 04/30/01

Total Amount DUE: \$ 355.00

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge the filing fees and any additional fees to:

Deposit:

Account No. _____

Deposit

Account Name: _____

☐ Charge any additional ☐ Applicant claims small
 Fee required under entity status. See. 37 CFR
 37 CFR 1.15 and 1.17 1.27

2. ☒ Payment Not submitted☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. FILING FEE

| Large Entity | | Small Entity | | FEE DESCRIPTION/FEE PAID |
|--------------------|----------|--------------|----------|--------------------------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | |
| 101 | 710 | 201 | 355 | Utility filing fee 355 |
| 106 | 320 | 206 | 160 | Design filing fee |
| 107 | 490 | 207 | 245 | Plant filing fee |
| 108 | 710 | 208 | 355 | Reissue filing fee |
| 114 | 150 | 214 | 75 | Provisional filing fee |
| SUBTOTAL(1) | | | | \$355.00 |

Fee from

2. CLAIMS Extra below Fee Paid

Total Claims 2 20 = -3- x 9 = \$ -0-

Independent 1 - 3 = -0- x 40 = \$ -0-

Multiple Dep 0 x = \$ -0-

Claims

| Large Entity | | Small Entity | | FEE DESCRIPTION |
|--------------|----------|--------------|----------|---|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | |
| 103 | 22 | 203 | 11 | Claims in excess of 20 |
| 102 | 82 | 202 | 41 | Ind. Claims in excess of 3 |
| 104 | 270 | 204 | 135 | Mult. Dependent claim |
| 109 | 82 | 209 | 41 | Reissue Independent Claims over Original Patent |
| 110 | 22 | 210 | 11 | Reissue Claims in excess |

20 and over original patent

FEE SUBTOTAL(2) \$ 355.00 *Reduced by Basic filing fee SUBTOTAL(3) SUBMITTED BY: _____

Michael A. Slavin

Typed or printed Name: Michael A. Slavin Reg. No. 34,016

Signature: _____ Date: 04/30/01 Dep. Acct.: _____

FEE CALCULATION (continued)

3. ADDITIONAL FEES:

| Large Entity | | Small Entity | | FEE DESCRIPTION |
|--------------|----------|--------------|----------|--|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | |
| 105 | 130 | 205 | 65 | Surcharge - late filing fee/oath |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. |
| 139 | 130 | 139 | 130 | Non-English specification |
| 147 | 2520 | 147 | 2520 | For filing a Request. for Exam. |
| 112 | 920* | 112 | 920* | Req. publication of SIR prior Examiner Action |
| 115 | 110 | 215 | 55 | Extension - first month |
| 116 | 400 | 216 | 200 | Extension - second month |
| 117 | 950 | 217 | 475 | Extension - third month |
| 118 | 1510 | 218 | 755 | Extension - fourth month |
| 128 | 2060 | 228 | 1030 | Extension - fifth month |
| 119 | 310 | 219 | 155 | Notice of Appeal |
| 120 | 310 | 220 | 155 | Brief in support of Appln. |
| 21 | 270 | 221 | 135 | Req. for Oral Hearing |
| 138 | 1510 | 138 | 1510 | Petition to Institute Public Use Proceeding |
| 140 | 110 | 240 | 55 | Pet. to revive - unavoidable |
| 141 | 1320 | 241 | 660 | Pet. To revive - unintentional |
| 142 | 1320 | 242 | 660 | Utility Issue Fee |
| 143 | 450 | 243 | 225 | Design Issue Fee |
| 144 | 670 | 244 | 335 | Plant Issue Fee |
| 122 | 130 | 122 | 130 | Petitions to Commissioner |
| 123 | 50 | 123 | 60 | Petitions re: Provisional |
| 126 | 240 | 126 | 240 | Sub. Of Infor. Discl. Stm. |
| 581 | 40 | 581 | 40 | Record. Patent Assign. Per property |
| 146 | 290 | 246 | 395 | Filing a Submission After Final rejection (37 CFR .129(a)) |
| 149 | 790 | 249 | 395 | For each addnl. invention to be examined (37 CFR 1.129(b)) |
| | | | | Other fee (specify) _____ |

CERTIFICATE OF EXPRESS MAIL

Express Mail Mailing Label: EL608094606US

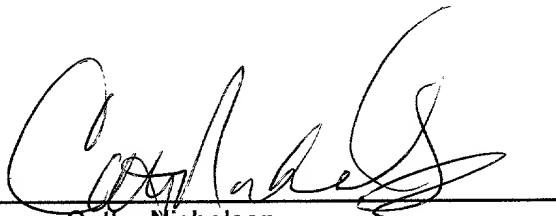
I HEREBY CERTIFY that the following correspondence: ***UTILITY APPLICATION TRANSMITTAL; FEE CALCULATION SHEET; APPLICATION, INCLUDING CLAIMS; 2 SHEETS OF DRAWINGS; DECLARATION/POWER OF ATTORNEY (unsigned); Mail Mailing Certificate; RETURN-RECEIPT postcard***; regarding the Application entitled: **BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 1793 DALTONS**

Commissioner of Patents & Trademarks
Box Patent Application
Washington DC 20231

on APRIL 30, 2001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code.

MCHALE & SLAVIN, P.A.
4440 PGA BLVD. SUITE 402
PALM BEACH GARDENS, FL 33410
(561) 625-6575


Cathy Nicholson
Legal Assistant